

**H-3400 TAKE CHARGE PLUS****H-3410 GENERAL INFORMATION**

Section 2303 of the Affordable Care Act of 2010 established a new optional Medicaid eligibility group called "Take Charge Plus". Effective July 1, 2014, Louisiana will move from offering the services under a waiver to this new eligibility group, with coverage limited to the following family planning-related services:

- Family Planning education and counseling
- Laboratory tests for Family Planning
- Medications and supplies (such as birth control pills, condoms, implants or patches, injections and IUD's) excluding diaphragms
- Voluntary sterilization procedures, such as tubal ligations or vasectomy
- Seven visits to any approved medical professional in a calendar year. This includes four yearly physical examinations and revisits. Monthly birth control medications are not counted as a visit unless seen by a medical professional.
- Drugs for the treatment of STIs/STDs.
- Drugs for the treatment of certain lower genital tract and genital skin infections as it relates to family planning.
- Vaccine to prevent Human Papillomavirus (HPV), the virus that causes cervical cancer
- Treatment of major complications resulting from certain family planning procedures
- Non-emergency transportation
- Yearly physical examinations and revisits (up to four covered service visits in a calendar year by an approved medical professional)

Eligibility requirements for Family Planning include:

- Women or men of any age, and
- Family income at or below 138% of the federal poverty level, and
- Has not previously had a medical procedure that would prevent pregnancy, such as tubal ligation, hysterectomy or vasectomy.

**H-3420 ELIGIBILITY DETERMINATION PROCESS**

Determine eligibility by applying the following criteria (beginning at H-3420.1). Elements have been listed in the most logical order, but work on all steps simultaneously.

**H-3420.1 Determine Assistance Unit**

The assistance/benefit unit consists of the applicant/enrollee.

**H-3420.2 Establish Non-Financial Eligibility**

Verify eligibility with regard to the following factors:

- Assignment of Third Party Rights I-200
- Citizenship/Alien Status I-300
- Enumeration I-600
- Residence I-1900
- SES Referral I-2000

Referrals to LaHIPP are not appropriate.

**H-3420.3 Establish Need**

Household composition and countable income for Family Planning is based on MAGI. Refer to I-1550 MAGI Determinations.

Compare MAGI-based income to the Family Planning Income Standard.

**H-3420.4 Eligibility Decision**

Evaluate all eligibility requirements and verifications received to make the eligibility decision to either reject/close, certify, or extend eligibility.

**H-3420.5 Certification Period**

Family Planning participants are eligible for continuous eligibility for twelve (12) months from the point of the latest certification or renewal, unless applicant/enrollee:

- moves out of state,
- dies,
- becomes pregnant, or
- becomes eligible for another full-benefit Medicaid program

Retroactive medical eligibility shall be explored for the three months prior to the month of application. Refer to H-1800, Retroactive Medical Eligibility.

**H-3420.6 Notice Of Decision**

Send the notice of decision to the applicant/enrollee.

**H-3420.7 Renewals**

Family Planning eligibility is reviewed every 12 months. Refer to Renewal Processing Non-LTC.

**Renewal Eligibility Decision**

If eligibility is extended, a notice is sent to the enrollee. If eligibility is not extended, Advance Notice is sent advising the enrollee of the proposed action.